

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-878)

SERIAL NO.

**10/031823**

FILING DATE

APPLICANT(S)

**CLAIMS**

	FILED	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		3	4	5
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS